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Case Docket No. **FHW-076**

COMMISSIONER FOR PATENTS
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Washington, D.C. 20231

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Date of Deposit **April 3, 2001**

I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

Viriato G. Cardoso

Please Print Name of Person Signing

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Roberto Ciaff**

For: **APPARATUS FOR THE DIAGNOSIS AND THERAPY OF NEURO-MUSCULAR AND OTHER TISSUE DISORDERS**

Enclosed are:

- ☐ This is a request for filing a ☐ continuation ☐ divisional application under 37 CFR 1.53(b), of pending prior application serial no. _____ filed on _____ entitled _____.
- ☒ 12 pages of specification, 4 pages of claims, 1 pages of abstract.
- ☒ 10 sheets of drawings.
- ☒ An executed Declaration, Petition and Power of Attorney.
- ☒ An assignment of the invention to Nuron Limited. A recordation form cover sheet (Form PTO 1595) is also enclosed.
- ☒ Applicant claims small entity status. See 37 CFR 1.27. A Verified Statement Claiming Small Entity Status is enclosed.
- ☒ Certified copy of priority document, Great Britain Patent Application No. 0031654.7, filed 12/23/2000.

The filing fee has been calculated as shown below:

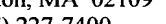
	(Col. 1)	(Col. 2)	SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE	////////////////////		////////	\$ 355	OR	////////	\$
TOTAL CLAIMS	24 - 20	= 4	x 9=	\$ 36	OR	x 18=	\$
INDEP. CLAIMS	5 - 3	= 2	x 40	\$ 80	OR	x 80	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED			+135	\$	OR	+270	\$
			TOTAL	\$471.00	OR	TOTAL	0.

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- ☒ A check in the amount of **\$471.00** to cover the filing fee is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-0080.
A duplicate copy of this sheet is enclosed.

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